



**Complete at Visit 01**

Site			Patient No.			Letter Code			Visit No.	
									0	1

- |     |  |                              |             |   |      |   |  |  |          |
|-----|--|------------------------------|-------------|---|------|---|--|--|----------|
| 1.  | Date of Interview                            |                              | -           | 2 | 0    | 0 |  |  | FM02DT   |
|     |  | Month                        | Day         |   | Year |   |  |  |          |
| 2.  | Date of birth                                |                              | -           | 1 | 9    |   |  |  | BIRTHDT  |
|     |  | Month                        | Day         |   | Year |   |  |  |          |
| 3.  | Country of birth                             | United States ( 1 )          | Other ( 2 ) |   |      |   |  |  | BTHCNTRY |
|     | If other, specify _____                      |                              |             |   |      |   |  |  | BTHCT_SP |
| 4A. | Ethnicity                                    |                              |             |   |      |   |  |  |          |
|     | Hispanic or Latino ( 1 )                     | Not Hispanic or Latino ( 2 ) |             |   |      |   |  |  | ETHNIC   |
| 4B. | Race (Answer All Items)                      | Yes                          | No          |   |      |   |  |  |          |
| 1.  | American Indian or Alaska Native             | ( 1 )                        | ( 2 )       |   |      |   |  |  | AMINDIAN |
| 2.  | Asian  | ( 1 )                        | ( 2 )       |   |      |   |  |  | ASIAN    |
| 3.  | Black or African American                    | ( 1 )                        | ( 2 )       |   |      |   |  |  | BLACK    |
| 4.  | Native Hawaiian or Other Pacific Islander    | ( 1 )                        | ( 2 )       |   |      |   |  |  | PACIFIC  |
| 5.  | White  | ( 1 )                        | ( 2 )       |   |      |   |  |  | WHITE    |
| 5.  | Height ____ inches                           |                              |             |   |      |   |  |  | HEIGHT   |
| 6.  | Weight____ pounds                            |                              |             |   |      |   |  |  | WEIGHT   |
| 7.  | Highest level of education completed         |                              |             |   |      |   |  |  |          |
|     | No formal schooling                          | (01 )                        |             |   |      |   |  |  | EDUCATN  |
|     | 5 <sup>th</sup> Grade or less                | (02 )                        |             |   |      |   |  |  |          |
|     | 6 <sup>th</sup> to 8 <sup>th</sup> Grade     | (03 )                        |             |   |      |   |  |  |          |
|     | 9 <sup>th</sup> to 11 <sup>th</sup> Grade    | (04 )                        |             |   |      |   |  |  |          |
|     | High school graduate or equivalent           | (05 )                        |             |   |      |   |  |  |          |
|     | Some college                                 | (06 )                        |             |   |      |   |  |  |          |
|     | College graduate                             | (07 )                        |             |   |      |   |  |  |          |
|     | Graduate or professional degree              | (08 )                        |             |   |      |   |  |  |          |
| 8.  | Current marital status                       |                              |             |   |      |   |  |  |          |
|     | Married                                      | ( 1 )                        |             |   |      |   |  |  | MAR_STAT |
|     | Single                                       | ( 2 )                        |             |   |      |   |  |  |          |
|     | Divorced                                     | ( 3 )                        |             |   |      |   |  |  |          |
|     | Separated                                    | ( 4 )                        |             |   |      |   |  |  |          |
|     | Widowed                                      | ( 5 )                        |             |   |      |   |  |  |          |
|     |  | Yes                          | No          |   |      |   |  |  |          |
| 9.  | Living with partner                          | ( 1 )                        | ( 2 )       |   |      |   |  |  | LIVPARNT |
| 10. | People living in household (exclude subject) |                              |             |   |      |   |  |  |          |

11. A. Number of people  $\geq$  18 years old living in household \_\_\_\_\_ NUMADULT  
 B. Number of people  $<$  18 years old living in household \_\_\_\_\_ NUMCHILD  
 Religious affiliation \_\_\_\_\_ RELIGION  
     No religious affiliation (01 )  
     Protestant (02 )  
     Catholic (03 )  
     Jewish (04 )  
     Buddhist (05 )  
     Eastern Orthodox (06 )  
     Muslim (07 )  
     Other (08 )
12. Paid Employment (1 ) (2 ) BL\_EMP  
     Yes No  
     If Yes, Answer Item A.
- A. Number of Hours per week \_\_\_\_\_ HRSWORKD
13. Primary Current Occupation: OCCUPSP (Check One Below)
- Professional ( includes teachers, professors, nurses, lawyers, physicians, engineers, social workers and therapists) (01 ) OCCUPATN
- Technical (includes technicians, technologists and paralegals) (02 )
- Management/administration (includes sales managers, real estate agents and business owners) (03 )
- Clerical (includes secretaries, clerks, postal workers, bookkeepers and bank tellers) (04 )
- Sales (includes sales persons, demonstrators, agents and brokers ) (05 )
- Service (includes food preparation/service, beauticians/barbers, housekeeping services, nursing assistant/aides, child care, police and firepersons and security guards) (06 )
- Skilled labor (includes plumbers, carpenters, brick layers, electricians, mechanics, repair persons and telephone/electrical line workers) (07 )
- Equipment/vehicle operator (includes drivers, railroad workers, assembly line workers and other manufacturing workers) (08 )
- Member of the military (any aspect of military service) (09 )
- Farm-related (includes owner, manager, tenant, operator and seasonal workers) (10 )
- Full-time homemaker (never employed outside the home) (11 )
- Student (12 )

Other  
If Other, specify: \_\_\_\_\_

(13 )

OOCUP\_SP

14. Daily physical activities
- |           |      |         |
|-----------|------|---------|
| Sedentary | (1 ) | PHYSACT |
| Light     | (2 ) |         |
| Moderate  | (3 ) |         |
| Heavy     | (4 ) |         |
15. Health insurance (Mark all that apply).
- |    |                       |      |          |
|----|-----------------------|------|----------|
| A. | Private insurance/HMO | (1 ) | HMO      |
| B. | Medicaid/Medicare     | (1 ) | MEDICARE |
| C. | No insurance          | (1 ) | NO_INSR  |
| D. | Don't know            | (1 ) | DK_INSR  |
16. Smoking during past year \_\_\_\_\_ cigarettes per day CIGARETS
17. Alcohol during past year \_\_\_\_\_ drinks per month DRINKS

**B. MENSES**

1. A. Start of last normal menstrual period \_\_\_\_\_ PRD\_DT \_\_\_\_\_ Certain (1 ) PRDDT\_UK  
Uncertain (2 )
- B. Age at first menstrual period  
\_\_\_\_\_ Years old AGFSTPRD Don't know (1 ) AGFSTUNK
2. Regular periods (i.e., she can predict within a week when they will come) Yes (1 ) No (2 ) Unknown (3 ) REGPRD
- A. Typical length of regular menstrual cycle \_\_\_\_\_ days RGCYCLEN (1 ) RCYCUNK
- B. Days between periods? i. Minimum \_\_\_\_\_ days RGCYCMIN (1 ) RGCMNUNK  
ii. Maximum \_\_\_\_\_ days RGCYCMAX (1 ) RGCMXUNK
3. Duration of bleeding RGPRDLEN \_\_\_\_\_ days (1 ) PGPRDUNK
4. Sanitary products used during menstrual period.
- |           |      |      |                                  |          |
|-----------|------|------|----------------------------------|----------|
|           | Yes  | No   | If Yes, How many for each period |          |
| A. Pads   | (1 ) | (2 ) | PADS _____                       | NUMPADS  |
| B. Tampon | (1 ) | (2 ) | TAMPON _____                     | NUMTAMP  |
| C. Other  | (1 ) | (2 ) | OTHRPROD _____                   | NUMOPROD |
- If Other, Specify \_\_\_\_\_ OPROD\_SP
5. Menstrual pain in last year None (1 ) PAINYEAR

Mild (2 )  
 Moderate (3 )  
 Severe (4 )

6. Douching frequency before this pregnancy:  
 Number of times per month \_\_\_\_\_ DOUCHBEF
7. Douching frequency during this pregnancy  
 Total number of times since patient found out she was pregnant \_\_\_\_\_ DOUCHDUR

**CURRENT PREGNANCY**

8. When was this pregnancy first diagnosed (positive pregnancy test)?  
 Today (1 ) CPREGPOS  
 Within the past week (2 )  
 More than one week ago (3 )
- A. If more than one week ago, how many weeks ago? \_\_\_\_\_ CPREGWKS
9. Was this pregnancy a result of ovulation stimulating drugs?  
 Yes No Unknown  
 (1 ) (2 ) (3 ) CPREGSTM
10. Number of gestations  
 Single (1 ) CPREGMLT  
 Twin (2 )  
 Triplet (3 )  
 More than three (4 )
11. Was this pregnancy planned?  
 Planned (1 ) CPREGPLN  
 Unplanned, but still wanted (2 )  
 Unwanted (3 )
- A. If planned, how long was patient trying to get pregnant? \_\_\_\_\_ Months CPREGTRY
12. Vaginal bleeding in this pregnancy Yes No  
 (1 ) (2 ) CPREGVB
- IF YES, ANSWER A.**
- A. Total number of days \_\_\_\_\_ CPVBDAYS  
 (Not necessarily continuous) Can't Remember (1 ) CPVBUNK
13. Lower abdominal cramping pain with this pregnancy Yes No  
 (1 ) (2 ) CPPLVPN
- IF YES, ANSWER A AND B.**
- Can't Remember

- A. Total number of days \_\_\_\_\_ **CPPPDAYS** (1 ) **CPPPUNK**
- B. Pain rating (Scale 0 to 10) \_\_\_\_\_ **CPPPRATE**  
(Use analog scale - See Attachment)

14. How long ago was patient told that this pregnancy was non-viable? \_\_\_\_\_ **CPNONVIA** Days (1 )  
Hours (2 )  
Can't Remember (3 ) **CPNONVUK**
15. Nausea or vomiting during the past week  
Every day (1 ) **CPNAUSEA**  
Several times a week (2 )  
Once a week or less (3 )  
None (4 )
16. Diarrhea during the past week Yes No  
(1 ) (2 ) **CPDIARR**
17. Fever/chills during the past week (1 ) (2 ) **CPFEVR**

**PREGNANCY HISTORY**

18. Is this the patient's first pregnancy? Yes No  
(1 ) (2 ) **FRSTPREG**  
**IF YES, SKIP TO ITEM 21.**
19. Number of previous pregnancies? \_\_\_\_\_ **PREVPREG**
- 19A. Was patient previously enrolled in the MEPF Pilot Study? (1 ) (2 ) **PREVMEPF**  
Yes No  
Note: Patients previously enrolled in the MEPF Main Study cannot be enrolled a second time.
- 19B. If Yes, previous MEPF ID Number \_\_\_\_\_ - \_\_\_\_\_ **OLDID**

20. Complete for each of your previous pregnancies:

Pregnancy	A								B	C	D					E		F	
SEQNO	Did pregnancy end in a: 01 = Live Birth 02 = Still Birth 03 = Miscarriage confirmed by MD 04 = Miscarriage confirmed by positive pregnancy test only 05 = Unconfirmed miscarriage 06 = Ectopic Pregnancy 07 = Induced abortion 08 = Other HXPRGEND								What month and year did this pregnancy end?  MM/YYYY  HXPRGMO HXPRGYR	How many weeks did the pregnancy last? Weeks (Full term = 40 weeks from LMP)  HXPRGWKS	If the pregnancy ended in other than birth, how was patient treated?  HXENDTRT					If the pregnancy ended in birth (live or still), how was the aby delivered?  HXDELIVR		Fertility drugs or treatments used for this pregnancy?  HXFERDRG	
											None	Surg. Trtmt.	Med. Trtmt.	Both Med & Surg. Trtmt.	Don't Know	Vaginal	Caesarean	Yes	No
1 <sup>st</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____ HXPRG_SP																			
2 <sup>nd</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
3 <sup>rd</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
4 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
5 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
6 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
7 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
8 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
9 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			
10 <sup>th</sup>	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)			(1)	(2)	(3)	(4)	(5)	(1)	(2)	(1)	(2)
If Other, Specify _____																			

		Yes	No	Don't Know	
21.	Was patient told by a doctor that she has ever had fibroids in her uterus?	( 1 )	( 2 )	( 3 )	HXCYST
22.	Uterine Operation or surgery?	( 1 )	( 2 )	( 3 )	HXUTSRG

A. Specify surgery \_\_\_\_\_

B. Year last surgery performed \_\_\_\_\_

HXSRG\_SP  
HXSRGYRS

		Yes	No	
		( 1 )	( 2 )	
23.	Medications in last week			HXCURMED

24. List all medications taken in the last week

1. Comments: \_\_\_\_\_ GEN\_CMNT

2. Person completing form: \_\_\_\_\_ CERT\_SIG Staff Number \_\_\_\_\_ CERT\_NO

3. Date form completed: \_\_\_\_\_ COMPL\_DT

Month - Day - 2 0 0 Year

